


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90363 047 ***150.00

DOCUMENT # P05000111614	
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1. Entity Name
EDM INTERNATIONAL CORP.

Principal Place of Business 6242 SW 164 PATH MIAMI, FL 33193	Mailing Address 6242 SW 164 PATH MIAMI, FL 33193
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2. Principal Place of Business - No P.O. Box # 15455 SW 80 Street	3. Mailing Address 15455 SW 80 St
Suite, Apt. #, etc. 105-1	Suite, Apt. #, etc. 105-1

City & State Miami, Florida	City & State Miami, FL
Zip 33193	Country US

02052007 Chg-P CR2E034 (12/06)

4. FEI Number 20-3295963	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MARTINEZ, MAXIMO 6242 SW 164 PATH MIAMI, FL 33193	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 15455 SW 80 St #105-1 City Miami FL Zip Code 33193
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE : NAME STREET ADDRESS CITY-ST-ZIP	P MARTINEZ, MAXIMO 6242 SW 164 PATH MIAMI, FL 33193 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15455 SW 80 St #105-1 Miami, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEAL, MIGDALYS 6242 SW 164 PATH MIAMI, FL 33193 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15455 SW 80 St #105-1 Miami FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTINEZ, EDWARD 6242 SW 164 PATH MIAMI, FL 33193 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Secretary Martinez, Eduardo 15455 SW 80 St #105-1 Miami, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Vice President Martinez, Juan 15455 SW 80 St #105-1 Miami, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Vice Presidente Martinez, Carlos 15455 SW 80 St #105-1 Miami FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 